



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DAVIESS COMMUNITY HOSPITAL

City of Hospital: WASHINGTON

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Amanda Rodewald

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Medicare Provider Number: 150061

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44898665
Outpatient Patient Service Revenue	\$95320278
Total Gross Patient Service Revenue	\$140218943

2. Deductions From Revenue

Contractual Allowance	\$68859100
Other Deductions	\$17463293
Total Deductions	\$86322393

3. Total Operating Revenue

Net Patient Service Revenue	\$0
Other Operating Revenue	\$948684
Total Operating Revenue	\$948684

4. Operating Expenses

Salaries and Wages	\$24785610	Employee Benefits	\$5486842
Depreciation and Amortization	\$3488825	Interest Expense	\$1148315
Bad Debt	\$0	Other Expenses	\$25472576
Total Operating Expenses	\$60382168		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5536933	Total Assets	\$136109952
Net Non-operating Gains over Loss	\$-513047	Total Liabilities	\$113186188

Total Net Gains	\$-6049980
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$71091004	\$46209153	\$24881851
Medicaid	\$27903569	\$20927676	\$6975893
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41224370	\$19185564	\$22038806
Total	\$140218943	\$86322393	\$53896550

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$673589	
HCI Payments	\$0		
Subtotal	\$0	\$673589	\$-673589
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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